

**LAUDERDALE COUNTY DETENTION FACILITY
RESPONSE TO RESISTANCE REPORT**

DATE: 5/24/14 TIME: 1949 LOCATION: Allen Swamp / Pine Springs Road
DEPUTY/OFFICER'S NAME: Lt. Ruston Russell CASE #: 2014007567
ON SCENE/NOTIFIED SUPERVISOR(S): _____
NUMBER 6 AND NAMES OF OTHER DEPUTIES/OFFICERS PRESENT: Temper Moore H-24, Deputy Mathis L-13,
Deputy Anderson L-27, Deputy Stevens L-18, Deputy Thomas L-19, Deputy Matuszewski
ANY OTHER DEPUTIES/OFFICERS USE FORCE: Y/N IF YES, ADDITIONAL FORMS ATTACHED: Y/N
ANY DEPUTIES/OFFICERS INJURED: Y/N IF YES, NAME(S): Lt. Ruston Russell
DESCRIBE INJURIES TO DEPUTY/OFFICER: Small cuts on right arm

DEPUTY/OFFICER TREATED BY: FIRE DEPT _____ AMBULANCE ☒ HOSPITAL _____
ATTENDING PHYSICIAN _____ JAIL MEDICAL STAFF _____

NATURE OF INCIDENT: 10-53, 10-55

INCIDENT TYPE/REASON FOR USE OF FORCE (circle appropriate responses below):

Hostage Taker Suicidal Violent/Combative Offender Barricaded Resistive Restraint (for Offender's safety) Accidental Other

AT THE TIME OF THE INCIDENT, THE SUBJECT WAS (check appropriate responses below):

☒ Under the influence of alcohol/illegal drugs/prescription drugs ☒ Mentally impaired _____ Other: _____

CHARGES FILED AGAINST OFFENDER: Disregard for traffic laws, DUI, Resisting Arrest,
Disorderly Conduct X3 SUSPECT BOOKED: Y/N

OFFENDER INFORMATION

NAME: Glenn Dell Kasper ADDRESS: 8990 Massey Est Dr.
PHONE NUMBER: _____ SSN: [REDACTED] 2696 DATE OF BIRTH: [REDACTED] 163
SEX: MF HEIGHT: 5'5" WEIGHT: 130 RACE: W DISABILITY(S): _____
DESCRIBE OFFENDER CLOTHING (heavy, light, thin, loose etc.): light
ANY INJURIES TO OFFENDER PRIOR TO USE OF FORCE: Y/N
ANY INJURIES AFTER USE OF FORCE: Y/N

OFFENDER TREATED BY: FIRE DEPT N/A AMBULANCE N/A HOSPITAL N/A
ATTENDING PHYSICIAN N/A JAIL MEDICAL STAFF N/A
TRANSPORTED BY: _____ AMBULANCE ☒ SHERIFF'S DEPT _____ OTHER _____ ADMITTED Y/N

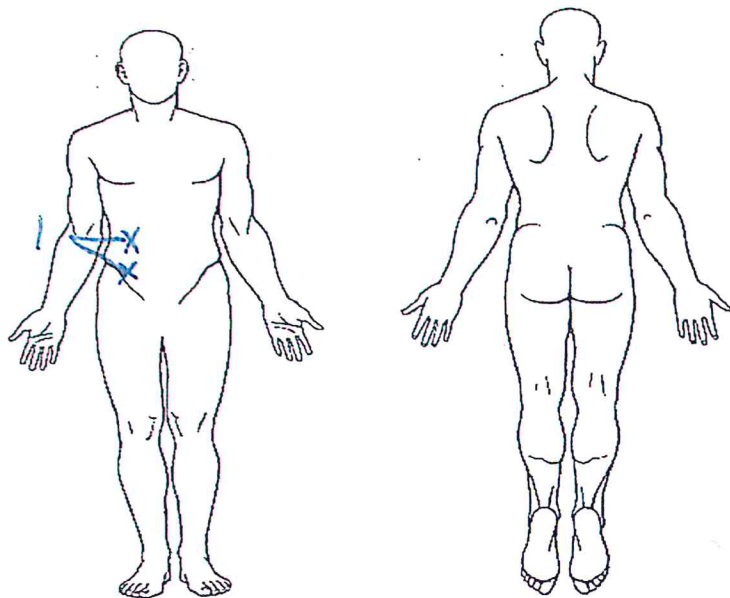
OTHER OFFENDERS/WITNESSES ON SCENE: Y/N

OFFENDERS/WITNESS (circle one) NAME: _____ PHONE # _____
OFFENDERS/WITNESS (circle one) NAME: _____ PHONE # _____

LAUDERDALE COUNTY DETENTION FACILITY RESPONSE TO RESISTANCE REPORT

LEVELS OF RESISTANCE and CORRESPONDING LEVELS OF CONTROL/FORCE (check all that apply)

- ☐ LEVEL 1 COMPLIANT: _____
COOPERATIVE CONTROLS: _____
- ☐ LEVEL 2 PASSIVELY RESISTANT: _____
CONTACT CONTROLS: _____
- ☒ LEVEL 3 ACTIVELY RESISTANT: refused To exit his vehicle
COMPLIANCE (chemical, takedown, taser etc.): Taser
- ☐ LEVEL 4 ASSAULTIVE (bodily harm): _____
DEFENSIVE TACTICS (impact weapon, closed hand etc.): _____
- ☐ LEVEL 5 ASSAULTIVE (serious threat of bodily harm or death): _____
DEADLY FORCE: _____



APPLICATION AREAS

Place a number in the location of the application of force on the diagram to the left.

Using the numbered area below, describe the type of force corresponding with the number on the diagram.

Example: 1. Taser Probe

1. Taser Probe
2. _____
3. _____
4. _____
5. _____
6. _____

POST-INCIDENT OBSERVATION

IMMEDIATELY FOLLOWING INCIDENT: Hysterical

15 MINUTES FOLLOWING INCIDENT: Hysterical

30 MINUTES FOLLOWING INCIDENT: Hysterical

☒ NARRATIVE/INCIDENT REPORT ATTACHED ☒ SUPPLEMENTAL TASER/CHEMICAL SPRAY FORM ATTACHED

☒ PHOTOGRAPHS TAKEN BY: Deputy Anderson

☒ PHOTOGRAPHS ATTACHED

REPORTING DEPUTY/OFFICER SIGNATURE _____

DATE 5/25/14

SUPERVISOR SIGNATURE _____

DATE 02 OCT 14

DIVISION COMMANDER SIGNATURE _____

DATE 02 OCT 14

CHIEF DEPUTY'S SIGNATURE _____

DATE 10/2/14

SHERIFF'S SIGNATURE _____

DATE 1/27/15

LAUDERDALE COUNTY DETENTION FACILITY
RESPONSE TO RESISTANCE REPORT

Taser/Chemical Spray Supplemental Form

DEPUTY/OFFICER NAME: Ruston Russell CASE # 2014007567

TASER SECTION (complete if applicable)

TASER SERIAL NUMBER: X00-5762374

AIR CARTRIDGE TYPE(S) USED ☐ 15-ft XP ☒ 25-ft XP ☐ 35-ft XP ☐ Other _____

AIR CARTRIDGE SERIAL NUMBER(S): H06-241993

NUMBER OF AIR CARTRIDGES FIRED: 1 NUMBER OF CYCLES APPLIED (non drive-stun): 1

USAGE (check one): ☐ Arc Display Only ☐ Laser Display Only ☐ Drive Stun Only ☒ Taser Air-Cartridge Application

APPROXIMATE TARGET DISTANCE AT TIME OF DART LAUNCH: 3 feet NEED FOR ADDITIONAL CARTRIDGE? NO

DISTANCE BETWEEN THE TWO PROBES: 4 inches DID DART CONTACTS PENETRATE THE SUBJECT'S SKIN? Y/N

IF AIR CARTRIDGE DEPLOYMENT WAS UNSUCCESSFUL WAS A DRIVE-STUN FOLLOW-UP USED? Y/N

DID THE DEVICE RESPOND SATISFACTORILY? Y/N

WERE PROBES REMOVED ON SCENE? Y/N IF YES, REMOVED BY: _____

DID TASER APPLICATION CAUSE INJURY: Y/N IF YES, NOTE INJURY IN APPROPRIATE SECTION OF USE OF FORCE REPORT

WAS TASER USE (circle one) SUCCESS/FAILURE IF FAILURE, WHY? _____

CHEMICAL SPRAY SECTION (complete if applicable)

NUMBER OF TIMES SUBJECT WAS SPRAYED: _____

APPROXIMATE DISTANCE FROM SUBJECT: _____

WAS SPRAY EFFECTIVE? Y/N WAS SUBJECT DYE TESTED? Y/N

OBSERVED EFFECTS ON:

EYES: ☐ Closure ☐ Tears ☐ No Effect

SKIN: ☐ Redness ☐ Burning

☐ No Effect

NOSE: ☐ Discharge ☐ Irritation ☐ No Effect

CHEST: ☐ Coughing ☐ Labored Breathing ☐ No Effect

REPORTING DEPUTY/OFFICER SIGNATURE: _____

DATE 5/25/14

SUPERVISOR SIGNATURE: _____

DATE 02 OCT 14

DIVISION COMMANDER SIGNATURE: _____

DATE 02 OCT 14

CHIEF DEPUTY'S SIGNATURE: _____

DATE 10/26/14

SHERIFF'S SIGNATURE: _____

DATE 1/27/15